



Docket No.: M4065.0758/P758  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Nikolai E. Bock, et al.

Confirmation No.: 1694

Application No.: 09/746,565

Art Unit: 2819

Filed: December 21, 2000

Examiner: L. Nguyen

For: CALIBRATION OF A/D CONVERTERS BY  
REUSING CAPACITORS USED FOR  
SAMPLING

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated October 21, 2003 (Paper No. 13), please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 12 of this paper.



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2819

| <b>AMENDMENT TRANSMITTAL LETTER</b>  |   |   |                                   | Docket No.<br>M4065.0758/P758  |      |
|--|---|---|-----------------------------------|--------------------------------|------|
| Application No.<br>09/746,565  | Filing Date<br>December 21, 2000          | Examiner<br>L. V. Nguyen                | Art Unit<br>2819                  |                                |      |
| Applicant(s): Nikolai E. Bock et al.   |   |   |                                   |                                |      |
| Invention: CALIBRATION OF A/D CONVERTERS BY REUSING CAPACITORS USED FOR SAMPLING   |   |   |                                   |                                |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |   |   |                                   |                                |      |
| Transmitted herewith is an amendment in the above-identified application.  |   |   |                                   |                                |      |
| The fee has been calculated and is transmitted as shown below.   |   |   |                                   |                                |      |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                                |      |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                           |      |
| Total Claims   | 38  | - 73 =                                  |                                   | x                              | 0.00 |
| Independent<br>Claims  | 5   | - 8 =                                   |                                   | x                              | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                                |      |
| Other fee (please specify):  |   |   |                                   |                                |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                                | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>  |   |   |                                   |                                |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |                                |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.  |   |   |                                   |                                |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |   |   |                                   |                                |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                                |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                                |      |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                                |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                                |      |
| <br>_____<br>Thomas J. D'Amico<br>Attorney Reg. No.: 28,371  |   |   |                                   | Dated: <u>January 21, 2004</u> |      |
| DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>2101 L Street NW<br>Washington, DC 20037-1526<br>(202) 828-2232  |   |   |                                   |                                |      |

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